DEPARTMENT OF SOCIAL SERVICES
NOTIFICATION OF RECEIVABLE REPORT INSTRUCTIONS

RECEIVABLE INFORMATION

AGENCY NAME & ADDRESS: **1**	**RECEIVABLE AMOUNT: $** **9**
DIVISION NAME & PROGRAM: **2**	**PAYMENT DATE:** **10**
AGENCY CONTACT PERSON: **3**	**ISIS DOCUMENT NUMBER:** **11**
CONTACT PERSON'S PHONE NUMBER: **4**	**ISIS INVOICE NUMBER:** **12**
CONTACT PERSON'S E-MAIL: **5**	
VENDOR NUMBER: **6**	
VENDOR NAME: **7**	
VENDOR ADDRESS: **8**	

ONE (1) OF THE THREE (3) BELOW MUST BE PROVIDED:

☐ **CONTRACT NUMBER:**   **13**

☐ **PURCHASE ORDER NUMBER:**   **14**

☐ **OTHER:**   **15**

FISCAL YR **16**	AGENCY NO **17**	ORG NO **18**	OBJECT NO **19**	SUB OBJECT **20**	REPT CATEGORY **21**	AMOUNT **22**
						$
						$
						$

REASON FOR RECEIVABLE: **23**

PREPARED BY: **24**	DATE: **25**	SIGNATURE OF AUTHORIZED AGENT: **26**

Submit completed form to: **DSS - OM&F**
Division of Fiscal Services
Payment Management Section/Purchase Order Unit
P.O. Box 3927
Baton Rouge, LA 70821

Contact Phone Number: (225) 342-4196

FRONT PAGE OF FORM

This form must be completed immediately upon discovery that a vendor has been overpaid or goods purchased are returned to the vendor. The original completed form should be mailed to the Division of Fiscal Services, Payment Management Section, Purchase Order Unit along with a copy of any applicable documentation available. Maintain a copy of this form for your files.   Do not report subsystem overpayments on this form.

1.   **AGENCY NAME & ADDRESS: Examples: OFS, OCS, LRS, and address for delivery of items.**

2.   **DIVISION NAME & PROGRAM: Examples: Division Name – Support Enforcement Services, Program name – Centralized Collections Unit.**

3.   **AGENCY CONTACT PERSON: Name of contact person who submitted the report**

4.   **CONTACT PERSON'S PHONE NUMBER: Phone number of contact person who submitted report.**

5.   **CONTACT PERSON'S E-MAIL: E-mail address of contact person.**

6.   **VENDOR NUMBER: Vendor number or SSN of debtor.**

7.   **VENDOR NAME: Vendor name.**

8.   **VENDOR ADDRESS: Address of vendor.**

9.   **RECEIVABLE AMOUNT: Amount of overpayment or dollar value of goods returned.**

10.   **PAYMENT DATE: Date payment was made.**

11.   **ISIS DOCUMENT NUMBER: For contract payment: KINV screen in the "PV#" field. For purchase order payment: OPAY screen in the "Payment Voucher #" field.**

12.   **ISIS INVOICE NUMBER: For contract payment: KINV screen in the "Vend Invoice No." field. For purchase order payment: OPAY screen in the "Vend Invoice No." field.**

13.   **CONTRACT NUMBER: Indicate the contract number if applicable.**

14.   **PURCHASE ORDER NUMBER: Indicate the purchase order number if applicable.**

15.   **OTHER: If neither of the above is applicable, indicate LaCarte Card payment, IMS payment.**

16.   **FISCAL YR: State fiscal year the expenditure was paid.**

17.   **AGENCY NO: Agency number: 355, 357, 370, or 374, etc.**

18.   **ORG NO: Organization number used to make the payment.**

19.   **OBJECT: Object number.**

20.   **SUB OBJECT: Sub object.**

21.   **REPT CATEGORY: Reporting category.**

22.   **AMOUNT: Amount of payment – Total payment amount.**

23.   **REASON FOR RECEIVABLE: Provide any details explaining why the receivable occurred such as overpayment to the vendor or goods returned, etc.**

24.   **PREPARED BY: Name of DSS employee who prepared the form for submission.**

25.   **DATE: Date form completed for submission.**

26.   **SIGNATURE OF AUTHORIZED AGENT: Signature of authorized person in chain-of-command above the person who completed form.**